FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE *CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS S49646 (O) **DOCUMENT #** BEACH PARK DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 5013 DEL PRADO BLVD. P.O. BOX 150328 CAPE CORAL FL 33907 CAPE CORAL FL 33915 Date Incorporated or Qualified 05/01/1991 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0305735 21 3819 SE 11 PC Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required Oity & State 6. Election Campaign Financing \$5.00 May Be CAPE CORAL, FC П Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name POWELL, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 82 2002 DEL PRADO BOULEVARD SUITE 105 83 CAPE CORAL FL 33990 City Zip Code 84 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Sujentime, typical or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. POST DELETE 1 1 TITLE 1116 KRAUS, BERTRAND 3819 SE 11 PL, UNIT 204 KRAUS, GERTRAND 1.2 NAME 5013 DEL PRADO BLVD. 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL, TL 33904 CAPE CORAL FL 1.4 CITY - ST- ZIP C/1Y-S1-ZIP DELETE 2 1 TITLE THEF 2 2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP DLLETE 3 1 THILE THE 3.2 NAME DAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - 7IP CITY-\$1-20 DELETE 4. 1 TITLE THEF 4.2 NAME NAMS STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-S1-ZP Addition Change Change DELFTE 5 1 TITLE 5 2 NAME NAME 53 STREET ADDRESS STREET LADORESS 5 4 CITY - ST - ZIP CITY - ST. 2IP ■ Addition DELETE 6 1 TITLE TITLE NAM 6.3 STREET ADDRESS STREET ADDRESS

0/14 - 51 - 7 P 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name changed, or on an attachment with an address

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Teb. 21 nt 96 (941) 574-4008